

OFFICE OF INTERNATIONAL PROGRAMS AND SERVICES Student Union Building I, Room 4300 4400 University Drive, MS 4C3, Fairfax, VA 22030 Phone: 703 993-2970; Email: oips@gmu.edu; Web: oips.gmu.edu

| Academic Training Reco | mmendation Form | |
|--|--|--|
| Student completes this section | n: | |
| (First Name) | (Last Name) | |
| GMU's Office of International Progrimmigration law and regulations. A visas) can apply to during their progrutual understanding between the cultural exchanges. GMU is require | y student has applied for Academic Training (AT) authorization which must be appears and Services (OIPS). OIPS advises international students on compliance with addemic Training is a benefit that exchange visitor students (students who enter the gram. The purpose of the Exchange Visitor Program, also known as BridgeUSA, is people of the United States and the people of other countries by means of educating to the tother output of their academic program at GMU per 22 CFR 62.23 (f). | n US e U.S. with J-1 to increase onal and |
| Academic Advisor or Dean co | mpletes this section: | |
| Name of Placement Organization: _ Name and Address of Training Supe | rvisor: | |
| Number of Hours per Week: This position allows for to the sof AT: From to | days of telework a week. | |
| | pplication for Academic Training, the Academic Training Placement f | form and |
| Please describe the Academic | Training and the goals of the objectives of the training. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| How does the Academic Trainir academic program of the stude | g relate to the student's major field of study? How is it an integral or critica nt? | al part of the |
| | | |
| | | |
| | | |
| By signing below, I confirm that I ar | n recommending the Academic Training: | |
| (First Name) | (Last Name) | |
| | Date | |
| Signature | | |
| Title | Phone number email address | |